

Receipts and Disbursements Report

U.S. Department of Labor



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1986)

Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB
No. 1214-0001
Expires: 12/31/86

A—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)

LRI Consulting Services Inc.
7850 So Elm Place
Broken Arrow OK 74011

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY
TO VERIFY THIS REPORT ARE KEPT:

3. FILE NO.

C
525

4. PERIOD
COVERED
BY THIS
REPORT

From:
To:

Month	Day	Year
1	1	01
12	31	01

B.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

RAS Industries
12 Arentzen Blvd
Charlottesville PA 15022

6. TERMINATION DATE

8/7/01

7. AMOUNT

\$ 2730.00

TOTAL

\$ 2,730.00

C.—STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements	
(Sum of Items 8-13)	\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
RAS Industries	WRB Inc. 207 Gaylane Dr. Columbus MS 39702	\$ 1,365.00	Employed to give speeches give speeches to employees to persuade them to not join a union.
TOTAL		\$ 1,365.00	



IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.—VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED:

at: Broken Arrow OK on: 2/23/02
City State Date

PRESIDENT
(If other title,
cross out and
write in correct
title above.)

SIGNED:

at: Broken Arrow OK on: 2/23/02
City State Date

TREASURER
(If other title,
cross out and
write in correct
title above.)

